

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000853

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 7

FILED JAN 14 1963

VS 300  
Rev. 4/59

6269

20371

3

4 1

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99548

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121-0

131-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		Length of stay in 1b <u>3 days</u>	c. CITY OR TOWN <u>Hermann</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Charles</u> HOSPITAL OR INSTITUTION <u>E. Still Osteopathic Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>100 E. Second St.</u>
3. NAME OF DECEASED (Type or print) First <u>Eveline</u> Middle <u>(None)</u> Last <u>Schmidt</u>		4. DATE OF DEATH Month <u>January</u> Day <u>7</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-12-25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>37</u>
13a. FATHER'S NAME <u>Rev. J. A. Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Manivera Holland</u>	14. NAME OF HUSBAND OR WIFE <u>John Schmidt</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)		16. SOCIAL SECURITY NO. <u>73</u>	17. INFORMANT <u>John Schmidt Hermann, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ventricular fibrillation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypoxia - Cerebral edema</u> DUE TO (c) <u>Laryngospasm during anesthesia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>48 h</u> <u>48 h</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>12</u> a.m. <u>PM</u> Month, Day, Year <u>1/7/63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Jefferson City, Mo.</u>	COUNTY <u>Gasconade</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>1/7/63</u> to <u>1/7/63</u> and last saw her alive on <u>1/7/63</u> Death occurred at <u>12 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>I. E. Giffen</u> (Degree title)		22b. ADDRESS <u>Jefferson City, Mo.</u>	22c. DATE SIGNED <u>1/7/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-10-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cemetery</u>	23d. LOCATION (City, town, or county) <u>Big Springs, Mo.</u>
24. FUNERAL DIRECTOR <u>Herman Blumer Inc Hermann, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9 January 1963</u>	26. REGISTRAR'S SIGNATURE <u>R. Davis MD - Richter, Dgs.</u>

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.